

WHAT'S HAPPENING WEDNESDAY

Kansas Immunization Program

June 19, 2019

VFC Consultant On-Call

The Consultant On-Call can be reached Monday—Friday, 8 a.m.—5 p.m. at 785-296-5592.



CHIEF CHAT

The 2019 Kansas Immunization Conference was a huge success and we are grateful for all who attended and participated. Many of you contributed through doing presentations, sharing your best practices and lessons learned, which adds to all of our enrichment. Please see page four of this issue of What's Happening Wednesday for pictures from the conference.

Please remember if you are claiming continuing education you must verify your attendance and complete the online evaluation at <http://bit.ly/2019Immunization> no later than 5 p.m. on June 28. If you have any questions related to this, please contact the Area Health Education Center at 620-235-4040 prior to June 28th.

The Kansas Immunization Program—Knowledge Injection Series continues tomorrow (June 20) with a non-continuing education presentation titled, *Overview of Invasive Meningococcal Disease and Vaccinations, Including Recommendations from the Advisory Committee on Immunization Practices (ACIP)*.

Jason McCanless, Pharm.D. GSK Vaccines Medical Science Liaison will be presenting. Dr. McCanless is a Doctor of Pharmacy currently working as a medical science liaison (MSL) for

GlaxoSmithKline (GSK) Vaccines. He obtained his doctor of pharmacy degree from the University of Florida in 1998. He started working for GSK vaccines medical affairs division in January 2016 because of his belief in the benefits of vaccines.

Learning objectives for this presentation are:

- Gain understanding of meningococcal disease state, including symptoms, transmission, risk factors, clinical manifestations, epidemiology, and disease outcomes
- Understand Advisory Committee on Immunization Practices (ACIP) recommendations for the prevention of meningococcal disease (meningococcal ACWY and meningococcal B)
- Knowledge of vaccines available in the United States approved for the prevention of meningococcal disease (meningococcal ACWY and meningococcal B)

To register, please email ahecpitt@kumc.edu with your name, mailing address, phone number and email address. There is no cost for to participate in this valuable learning experience.



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Injection of Education Influenza Surveillance

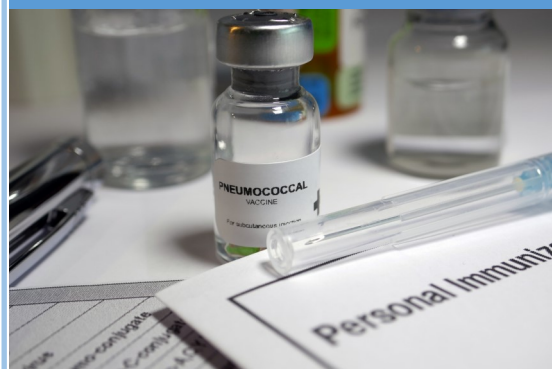
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INJECTION OF EDUCATION

The Centers for Disease Control and Prevention's (CDC) June 14 Morbidity and Mortality Weekly Report (MMWR), looked at the administration of expired influenza vaccines reported to the Vaccine Adverse Event Reporting System (VAERS) in [Notes from the Field: Administration of Expired Injectable Influenza Vaccines Reported to the Vaccine Adverse Event Reporting System – United States, July 2018-March 2019](#). The MMWR reports that 192 patients were administered expired influenza vaccine from July 2, 2018 to January 15, 2019. Although, according to the VAERS reports, expired vaccine “does not pose additional risks for adverse events,” it does not offer the best disease protection, and can cause patients to lose confidence in the provider and staff when notified of the error.

Most influenza vaccine, from the 2018-2019 season, will soon be expiring. As soon as vaccine expires, it should be removed from the vaccine storage unit. This step will prevent expired vaccines from being available for administration. According to the [Vaccine Storage and Handling Toolkit](#), dated January 2019, stock should be inspected regularly. It should be rotated so that vaccine with the earliest expiration date is used first and “any expired vaccines and diluents should be removed immediately to avoid inadvertently administering them.”

When administering vaccines, always check, double check, and triple check the vaccine and expiration date prior to administration. If an expired dose is administered, the dose should be repeated as soon as possible. If the expired vaccine was a live vaccine (MMR, MMRV, or Varicella), the dose should be administered after waiting the appropriate interval between live vaccines (i.e., 4 weeks). For more information regarding expired vaccine administration you can visit the Immunization Action Coalition's [Ask the Experts Administering Vaccines](#) or [To Err is Human; Not to Err is Better! Vaccination Errors and How to Prevent Them](#).

CDC is offering an archive of its Clinical Outreach and Communication Activity (COCA) webinar which originally aired on May 21. Titled [Most Measles Cases in 25 Years: Is This the End of Measles Elimination in the United States?](#), *During this COCA Call, clinicians will learn what makes 2019 a historic year for measles and what they can do to help identify cases and stop measles transmission.*

Free continuing education credits (CME, CNE, CEU, CECH, and CPE) are available.

Nominations for the 2020 NFID Awards to recognize leaders and heroes of public health are due July 1st



The National Foundation for Infectious Diseases (NFID) is [soliciting nominations](#) for the 2020 [Jimmy and Rosalynn Carter Humanitarian](#) and [Maxwell Finland Scientific Achievement](#) awards. These annual awards honor outstanding individuals working to help achieve the NFID vision of a world where people live healthier lives through effective prevention and treatment of infectious diseases.

Please take this opportunity to nominate a deserving colleague who has made significant and lasting contributions to public health through scientific achievement, philanthropy, and/or legislation. Selected awardees will be recognized at the 2020 NFID Awards Dinner in Washington, DC next spring.

The deadline for nominations is July 1. Access information on the [award categories and online nomination form](#).



Updates and Responses About Measles Outbreaks in the U.S. and Abroad

Reminder of CDC's MMR Vaccine Recommendations for Travelers

Measles cases continue to climb in the United States. The current outbreak began with importations into under-vaccinated communities by U.S. residents returning from international travel. With summer travel season here, the Centers for Disease Control and Prevention (CDC) would like to remind you of the MMR vaccination recommendations for international travelers and persons living in or traveling domestically to areas with ongoing measles outbreaks and community-wide transmission.

INTERNATIONAL TRAVEL

The MMR vaccination recommendations for international travel have not changed.

Infants under 12 months old

- Get an **early dose at 6-11 months**
Follow the recommended schedule and get another dose at 12-15 months and a final dose at 4-6 years

Children over 12 months old

- Get **first dose immediately**
Get second **dose 28 days after first dose**

Teens and adults with no evidence of immunity*

- Get **first dose immediately**
Get second **dose 28 days after first dose**

* Acceptable presumptive evidence of immunity against measles includes at least one of the following: written documentation of adequate vaccination, laboratory evidence of immunity, laboratory confirmation of measles, or birth in the United States before 1957.


Patients who need MMR vaccine should be fully vaccinated at least 2 weeks before departure. If the trip is

less than 2 weeks away, and the patient is not protected against measles, give him/her a dose of MMR vaccine. **Two doses of MMR vaccine provide 97% protection against measles; one dose provides 93% protection.**

DOMESTIC TRAVEL TO OUTBREAK AREAS

CDC's MMR vaccination recommendations for persons residing in or visiting domestic measles outbreak areas within the U.S. have also not changed. You should ensure that people who live in and are traveling to areas in the U.S. where there is ongoing, community-wide transmission of measles are up to date on MMR vaccine. To decide whether to vaccinate an infant visitor less than 12 months of age, follow local health department guidance for the affected area (e.g., if no recommendation was made to vaccinate infant residents, do not vaccinate infant visitors).

Thank you for your continued efforts to protect your communities from measles. For more measles outbreak resources, visit our [toolkit](#). We will soon be adding new resources to that toolkit, including a poster to use in provider offices with travel recommendations for MMR vaccine, as well as short videos with examples of who needs MMR vaccine when, and an interactive MMR vaccine recommendations quiz.




CONSIDER MEASLES

in patients presenting with febrile rash illness and clinically compatible measles symptoms (cough, coryza, and conjunctivitis)

Ask patients about recent travel internationally or to domestic venues frequented by international travelers, as well as a history of measles in the community.

www.cdc.gov/measles/hcp/index.html





2019 Kansas Immunization Conference

